



All information requested is voluntary; however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all. FAXED APPLICATION FORMS WILL NOT BE ACCEPTED. LATE AND/OR INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.

APPLICATION DEADLINE DATES: Spring Semester – March 1st Fall Semester – September 1st

Name: _____ SSN: _____

Last First Middle

Mailing Address: _____ Phone () - _____

Shipping Address: _____ (for Laptop Scholarship)

Cell Phone: () - Email: _____

Sac and Fox Nation Roll Number: DOB: Gender: Male Female

APPLICATION REQUEST FOR: Fall 20 Spring 20

APPLYING FOR:

College Laptop Scholarship

College Tuition Assistance Grant _____ Undergraduate Student _____ Graduate Student

College Textbook and Supplies Assistance Grant

College Living Allowance

College Major: _____

Name/Address of College:

Expected Graduation Date: _____

(CIRCLE ONE FOR EACH)

Enrollment Status: Full Time Part Time

Expected Degree: Associates / Bachelors/ Masters / Doctoral/ Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate/Professional

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive from the Sac and Fox Nation RAP College Education Programs solely for the expenses connected with attendance at:

Name of Institution: _____

APPLICANT: PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial package. I request that any Tribal tuition grant awarded to me will be mailed to the Bursar's Office/Financial Aid Office at my school. I understand that it is my responsibility to provide a copy of my transcripts to the Sac and Fox Nation Education Department at the end of each academic term. I have received a copy of the Sac and Fox Nation RAP College Education Programs Guidelines and questions pertaining to the programs have been answered to my satisfaction. I understand that I must comply with all requirements of the programs in order to receive continued funding by the Sac and Fox Nation.

Signature of Student

Date

Checklist for First-Time Applicants	Checklist for Continuing Students
• Completed Application Form/Signed Privacy Statement	• Completed Application Form/Signed Privacy Statement
• Proof of Sac and Fox Nation Tribal Membership	• Verification of Academic Enrollment Form
• Letter of Admission from College/University	• Semester Class Schedule
• Verification of Academic Enrollment Form	• Official College Transcript from previous semester
• Semester Class Schedule	• Completed W-9 Form
• Official College Transcript	
• Completed W-9 Form	



SAC AND FOX NATION COLLEGE EDUCATION PROGRAMS

VERIFICATION OF ACADEMIC ENROLLMENT

Name of Student:
Social Security Number:
Name of College/University:

Registrar's Office: Please complete the section below (or attach an official letter).

The above student is enrolled in _____ credit hours for the 20____ Fall / Spring (please circle one) semester.

The above student's enrollment status is considered to be:

_____ Full-Time _____ Part-Time

Registrar's Official Signature

(Official Seal/Stamp)

Please return this form to:

Sac and Fox Nation Education Department
920883 S. Highway 99
Stroud, OK 74079

Phone: 918-968-0509
Fax: 918-968-0542

PRIVACY STATEMENT

The Privacy Act provides safeguards against an invasion of privacy through the misuse of records by federal agencies. Agencies which maintain a system of records on individuals are required to inform those persons on the following:

- The authority by which the agency is authorized to solicit the information and whether the disclosure of such information is mandatory or voluntary.
- The use or purpose for which the information will be used.
- The effects on the individual, if any, for not providing all or any part of the requested information.

The Sac and Fox Nation College Education Programs operate under the general authority of the Sac and Fox Governing Council policies. In accordance with the accountability required for the administration of funds appropriated for the program and to determine eligibility, certain information is required of applicants. This form authorizes the solicitation of the required information.

The applicant should understand that the intent of collecting and maintaining the data on individuals is for determining eligibility of the applicant and to provide the means to produce statistical records required for this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility for the award. The Sac and Fox Nation may also list in the Tribal newspaper a list of student names who have received awards.

I have read the statement on privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

WITNESS

APPLICANT SIGNATURE

DATE